

Indiana Division of Mental Health and Addictions
Statewide Strategic Plan
Workgroup on Stigma & Discrimination

**POSITION STATEMENT ON STIGMA AND DISCRIMINATION
AGAINST PEOPLE WITH ALCOHOL AND DRUG PROBLEMS**

THE PROBLEM

Stigma and discrimination have pervasive association with alcohol and other addictive diseases. People seeking treatment and recovery from alcohol and other drug disease experience discrimination in multiple forms. Public and private policies and laws routinely and consistently impede their ability to obtain jobs, housing, treatment and appropriate medical care. The Americans with Disabilities Act has a narrow application. People seeking treatment are often unable to obtain or maintain employment, housing, insurance coverage, and treatment. The criminalization of addictive disease and subsequent convictions imposes additional barriers that make it difficult to impossible for those afflicted to re-establish themselves in society. Stigma and discrimination impacts children, families, and communities. In March 2004 the World Health Organization launched an authoritative report on substance dependence as a neurological disorder. The views that reflect willpower or morality problems are in need of change.

Stigma and discrimination impact our efforts in areas of substance prevention, response to at risk youth, and the education needed in the continuum of substance involvement from experimentation, through use, regular use, misuse, to substance use disorders of abuse and dependence.

Stigma is the attitude. Discrimination is the action.

DEFINITION OF STIGMA

The Stigma & Discrimination Workgroup supports DMHA in the adoption of the *National Treatment Plan Initiative's 5 Point definition of stigma*:

- 1. The stigma of alcohol or other drug addiction is a powerful, shame-based mark of disgrace and reproach.*
- 2. Prejudicial attitudes and beliefs generate and perpetuate stigma.*
- 3. The result is discrimination directed at individuals at risk for, suffering from, or in recovery from addiction to alcohol or other drugs, and those associated with them.*
- 4. People suffering from alcohol or other drug addiction and those in recovery are ostracized, discriminated against, and deprived of basic human rights.*
- 5. Often, individuals who are stigmatized internalize such attitudes and practices, making them part of their identity.*

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POSITION STATEMENT

The Strategic Plan of the Indiana Division of Mental Health and Addictions supports the position that addiction to alcohol and/or other drugs is a treatable chronic disease that should be viewed and addressed as a public health issue. People seeking treatment and/or recovery from alcohol and/or other drug disease should not be subject to discrimination through legal sanctions and barriers based solely on the addictive disease. This discrimination exists in employment, housing, health care, mental health and addictions treatment, insurance coverage, education, legal, corrections and criminal justice systems, and empowerment and entitlement benefit applications for disabilities. New areas of this list grow daily. Stigma and discrimination have significant cost in the lives of those struggling with addictive disease, their families, and the public and private systems that serve them.

The Stigma & Discrimination Workgroups supports the Indiana Division of Mental Health and Addiction in a statewide strategic plan for addictions. This plan is consistent with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and its Center for Substance Abuse Treatment through the National Treatment Plan Initiative. In “Changing the Conversation”, November 2000, the National Treatment Plan Initiative details: *The Report of Panel II: Reducing Stigma and Changing Attitudes*.

This Panel proposes a four-point approach for the substance abuse field to reduce stigma and change attitudes about people at risk for, in need of treatment for, or in recovery from alcoholism and drug addictions. Family, significant others, support networks, and allies are also included in this model, which comprises the following recommendations:

- 1. Conduct science-based marketing research (i.e., polling, surveys, focus groups) to provide the basis for a social marketing plan. This effort should begin with a language audit to determine problems or opportunities inherent in the language currently used in the field and in public discussions.*
- 2. Based on the results of the marketing research and language audit, develop and implement a social marketing plan designed to change the knowledge, attitudes, beliefs, and behavior of individuals and institutions to reduce stigma and its negative consequences. One goal of the plan should be to develop a commonly accepted, clear worded taxonomy to describe alcoholism and drug addiction and the treatment and services available.*
- 3. Facilitate and support grassroots efforts to build the capacity of the recovery community to participate in the public dialogue about addiction, treatment, and recovery.*
- 4. Promote the dignity of and reduction of stigma and discrimination against people in treatment or in recovery from alcohol or other drugs by encouraging the respect for their rights in a manner similar to people who have suffered from and overcome other illnesses.*

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ACTION STEPS FOR THE Statewide Strategic Plan

1. The Stigma & Discrimination Workgroup recommends that the Indiana DMHA adopt a position statement on Stigma and Discrimination for the Statewide Strategic Plan.
2. The Stigma & Discrimination Workgroup recommends that the Indiana DMHA consider adopting the National Treatment Plan recommendations.
3. The Indiana DMHA, through it's Statewide Strategic Plan and Workgroup memberships is well poised to design, develop, implement and evaluate action steps in support of recommendations 3 and 4 from the National Treatment Plan Initiative.
4. DMHA is already solidly supporting the capacity of the recovery community. The DMHA Workgroups and Advisory committees are consistently working in the areas of recommendation 4, from membership, through education, to policy and legislation.
5. The DMHA is well underway in working through advocacy in multiple levels and organizations to promote these recommendations and the goal of stigma reduction statewide.
6. The DMHA, through policy and legislation efforts is strategically positioned to advance the efforts toward the reduction of stigma and discrimination.